

1.) CORPORATION NAME:

SAIC Engineering, Inc.

DUE DATE: **5/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

SCC ID NO: **F1214412**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMC	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10260 CAMPUS POINT DRIVE

CITY/ST/ZIP: SAN DIEGO, CA 92121-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JEFFREY A. DICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8866 COMMONS BLVD.		
	SUITE 201		
CITY/ST/ZIP/CO:	TWINSBURG, OH 44087-		
NAME:	MICHAEL K. KLOSKY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	151 LAFAYETTE DRIVE		
CITY/ST/ZIP/CO:	OAK RIDGE, TN 37831-		
NAME:	SCOTT T. MCKILLIP	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	301 LABORATORY ROAD		
	P.O. BOX 2501		
CITY/ST/ZIP/CO:	OAK RIDGE, TN 37831-		
NAME:	JOHN D. WESTERHEIDE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	60 EAST PLATO BLVD.		
	SUITE 300		
CITY/ST/ZIP/CO:	ST. PAUL, MN 55107-		
NAME:	ANDREW F. RABB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER/CFO		
ADDRESS:	11251 ROGER BACON DRIVE		
	4TH FLOOR		
CITY/ST/ZIP/CO:	RESTON, VA 20190-		

NAME:	CINDY S. PITTMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	10260 CAMPUS POINT DRIVE		
	MS D7S		
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92121-		
NAME:	ERIC S. SCULTHORPE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1140 EGLIN PARKWAY NORTH		
CITY/ST/ZIP/CO:	SHALIMAR, FL 32579-		
NAME:	GARRETT MICHAEL TURNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1000 BROADWAY		
	SUITE 675		
CITY/ST/ZIP/CO:	OAKLAND, CA 94607-		
NAME:	RONALD D. GUTHRIE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSISTANT VP		
ADDRESS:	301 LABORATORY ROAD		
CITY/ST/ZIP/CO:	OAK RIDGE, TN 37831-		
NAME:	MARK W. KINDIG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSISTANT VP		
ADDRESS:	6310 ALLENTOWN BOULEVARD		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17112-		
NAME:	CHRISTOPHER D. O'NEIL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSISTANT VP		
ADDRESS:	6310 ALLENTOWN BOULEVARD		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17112-		
NAME:	PATRICIA A. STOLL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSISTANT VP		
ADDRESS:	301 LABORATORY ROAD, MAIL STOP JP 7TH FL.		
	P.O. BOX 2501		
CITY/ST/ZIP/CO:	OAK RIDGE, TN 37831-		
NAME:	SHARON L. STOLLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSISTANT VP		
ADDRESS:	301 LABORATORY ROAD		
CITY/ST/ZIP/CO:	OAK RIDGE, TN 37831-		
NAME:	JAMES R. ULLERY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSISTANT VP		
ADDRESS:	35 VARDEN DRIVE		
	SUITE F		
CITY/ST/ZIP/CO:	AIKEN, SC 29803-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LESLIE C. FRENCH ASST SECRETARY 10260 CAMPUS POINT DRIVE MS D7S SAN DIEGO, CA 92121-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN R. HARTLEY ASST SECRETARY 10260 CAMPUS POINT DRIVE MS A3 SAN DIEGO, CA 92121-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLEMENT VINCENT QUELLA III ASST SECRETARY 10260 CAMPUS POINT DRIVE MS A-3 SAN DIEGO, CA 92121-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
<u>/s/ CLEMENT VINCENT QUELLA III</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CLEMENT VINCENT QUELLA III, <u>ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>4/16/2011</u> DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			